WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side

| 1 Count | - One he | | | Town | Badas! | rena | IAN 5 |
|--------------------|---------------------------------------|-----------------------|----------------|----------------|----------------------------------|-----------------|-----------------|
| r Comu | ion Marily of SE | , , <i>î</i> | . A | City | Check or | ne and give nan | ne |
| . Locat | ion NW/YTSE | Name of | street and nur | nber of premi | se or Sec. Trilland R. n | umbers | |
| . Owne | r 🕱 or Agent 🖂 🎜 |) Assem | and] | mara | mindt | | |
| | | | Name | of individua | partnership or firm | | |
| . Mail | Address | Alle | Cor | aplete address | required | | |
| . From | well to nearest: Bu | ilding | ft: sev | ver_1_1 | ft: drain / _ft: | septic tanks | 10 |
| | ell or filter bed | • | | | | • | J |
| | | - | 11 | | U 4 | | |
| | is intended to supply LHOLE: | water ior | : | II 10 FOR | RMATIONS: | | |
| (in.) | From (ft.) | · | Fo (ft.) | 10. 201 | | From | То |
| 10 | | 30 | <u> </u> | 110 | Kind | (ft.) | (ft.) |
| 6 | .3 0 | | <u> </u> | | 70D | 7 3 | 30 |
| · | | | | - | | 33 | 16 |
| | **** | | | | | | 113 |
| S. CASI Dia. (in.) | NG AND LINER PII | PE OR CU From (ft.) | RBING: | | | | <u> </u> |
| 7 | Iteel | | 76 | | | | |
| | | | | | | | |
| | | | | | | | |
| 9. GRO | TYE. | | | <u></u> | | | |
| Kind | | From (ft.) | To (ft.) | | | | |
| Mud | | D | 30 | | | | |
| | | | | | | | |
| · | | | | | | | |
| · | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | ELLANEOUS DATA | | | •• | | - | ' |
| ield test | : Hrs. : | at6 | GPM. | | ction of the well wa | - | |
| epth fro | m strace to water: | کید | ft. | | 4 | ** | |
| ater-lev | el when pumping: | 20 | ft. | The well above | is terminated, below [] the pern | nanent groun | incl d surfa |
| | nple sent to laborate | | | - | e well disinfected u | pon completic | on? |
| | lien on \$ | - | 10 H1 | | | 8 No | • |
| | | • | | Was the | well sealed watert | ight upon co | mpletio |
| • | Rogistered Well I | J. | | 10 | | 5 \ / / · | } |
| gnature | Registered Well I | riller | | -64 | Lensville Complete Ma | il Address | . ـ ـ ـ فرحيط |
| | | | | | | | |